

**LOUISIANA DEPARTMENT OF LABOR  
OFFICE OF REGULATORY SERVICES  
LABOR PROGRAMS SECTION  
APPRENTICESHIP DIVISION  
POST OFFICE BOX 94094  
BATON ROUGE, LOUISIANA 70804-9094**

**DATE:** \_\_\_\_\_

**REQUESTING PARTY:**

**APPRENTICESHIP WAGE CERTIFICATION**

**The following named apprentice(s) are registered with this agency and are participating in the following approved Program:**

\_\_\_\_\_

**The ratio of this Program is:** \_\_\_\_\_

<b>NAME</b>	<b>INDENTURE NUMBER</b>	<b>SOCIAL SECURITY NO.</b>	<b>TRADE</b>	<b>PROGRESSION STEP</b>
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**CURRENT PROGRESSION STEP AND PERCENTAGE OF JOURNEYMAN WAGE:**

<b>1st Period</b> _____	<b>6th Period</b> _____
<b>2nd Period</b> _____	<b>7th Period</b> _____
<b>3rd Period</b> _____	<b>8th Period</b> _____
<b>4th Period</b> _____	<b>9th Period</b> _____
<b>5th Period</b> _____	<b>10th Period</b> _____

\_\_\_\_\_  
**Name/Title of Authorized Program  
Sponsor Official (Please Type/Print)**

**Approved by Louisiana  
Department of Labor:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Director of Apprenticeship**